

# **EXHIBIT “A” – AMR RECORDS**



## AMR CENTRAL MS PATIENT CARE REPORT

CLARK, MARIO  
 DOB: 07/02/1987 (31 YEARS)  
 SEX: MALE  
 CASE #: 61260939  
 DOS: 02/15/2019

SERVICE MODEL AGENCY AMR	DISPATCH INFORMATION	TIMES
<b>FROM:</b> 2739 PINEDALE ST JACKSON, MS 39204 (HOME/RESIDENCE) <b>TO:</b> CENTRAL MS MEDICAL CENTER 1850 CHADWICK DR. JACKSON, MS 39204 (HOSPITAL - ED) ROOM/DEPT: HOSPITAL-EMERGENCY DEPARTMENT <b>DESTINATION DECISION:</b> PATIENT/FAMILY REQUEST	<b>CALLER:</b> LAW ENFORCEMENT <b>ZONE:</b> J1 <b>UNIT:</b> 422 <b>RESPONSE MODE:</b> LIGHTS AND SIREN <b>TRANSPORT MODE:</b> LIGHTS AND SIREN <b>ALS ASSESSMENT:</b> AMR EMT-P <b>DISPOSITION:</b> TRANSPORTED - TO HOSPITAL ER/ED	<b>CALL RECEIVED:</b> 24:28:39 <b>DISPATCHED:</b> 24:28:39 <b>ENROUTE:</b> 24:41:36 <b>AT SCENE:</b> 24:47:14 <b>AT PT SIDE:</b> 24:48:00 <b>TRANSPORT:</b> 01:10:41 <b>ARRIVAL:</b> 01:14:25 <b>CARE TRANS'D:</b> 01:30:00 <b>AVAILABLE:</b> 02:42:00  <b>SCENE MILES:</b> 0.0 <b>DESTINATION MILES:</b> 4.0 <b>TOTAL MILES:</b> 4.0

### PATIENT DEMOGRAPHICS

<b>NAME:</b> CLARK, MARIO <b>ADDRESS:</b> 2739 PINEDALE ST <b>CITY, STATE ZIP:</b> JACKSON, MS 39204 <b>HOME PHONE:</b> <b>CELL PHONE:</b> <b>EMAIL:</b> <b>SSN:</b> XXX-XX-4881  <b>INSURANCE:</b> NO INSURANCE AVAILABLE <b>POLICY:</b> <b>GROUP:</b>  <b>RESPONSIBLE PARTY:</b> CLARK, MARIO <b>PHONE:</b>	<b>DOB:</b> 07/02/1987 <b>AGE:</b> 31 YEARS <b>SEX:</b> MALE <b>ETHNICITY:</b> BLACK/AFRICAN AMERICAN
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### NARRATIVE

#### NARRATIVE

ARRIVED ON SCENE TO FIND PT LAYING ON FLOOR OF LIVING ROOM IN HANDCUFFS. AMR 418 WAS ON SCENE WITH TWO PT. PARAMEDIC RODGERS STATED, PT WAS BEING AGGRESSIVE, FIGHTING WITH COPS, AND RUNNING AND JUMPING ON FURNITURE. RODGERS STATED FAMILY STATED PT CAME HOME WITH FRIEND ACTING DIFFERENT AND AND GOT INTO ALTERCATION WITH STEPFATHER, RODGERS PT. RODGERS GAVE PT 10MG OF GEODON IM. PT WAS NOT RESPONSIVE TO PAINFUL OR VERBAL STIMULUS. PT WAS PICKED UP BY TWO MAN LIFT AND MOVED TO STRETCHER AND SECURED WITH RAILS UP X2 AND BELTS SECURED X5. PT WAS MOVED TO AMBULANCE WITH VITALS TAKEN. PT WAS APNEIC AND PULSELESS, CHEST COMPRESSIONS WAS STARTED. DEFIB PADS WERE PLACED AND SHOWED ASYSTOLE ON MONITOR. ALS TREATMENTS ARE AS CHARTED. BRADY PULSE WAS FELT AND PACING WAS ESTABLISHED AND CAPTURED. SHORTLY AFTER PULSE WAS LOST AND CHEST COMPRESSIONS WERE INITIATED. INTUBATION WAS PERFORMED. PT HAS ANOTHER BRADY PULSE AND ATROPINE WAS GIVEN. PT HAS A SINUS TACHY RYTHM AND PT WAS TRANSPORTED TO MERIT CENTRAL PER CLOSEST HOSPITAL WITHOUT INCIDENT. DURING TRANSPORT PT LOST PULSE AGAIN AND EPI WAS GIVEN AND ROSC OCCURRED. PT WAS MOVED INSIDE AND MOVED TO HOSPITAL BED BY THE DRAWSHEET METHOD WITH NO DIFFICULTIES. PT CARE AND REPORT GIVEN TO RN.

STEVEN DORTCH NRP 4828

### IMPRESSION

**PRIMARY IMPRESSION:** CARDIAC - CARDIAC ARREST

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SECONDARY IMPRESSION: OTHER - NO SECONDARY IMPRESSION

#### HISTORY OF PRESENT ILLNESS

##### CHIEF COMPLAINT(S):

CHIEF COMPLAINT CATEGORY: PSYCH/BEHAVIORAL CRISIS

#### MEDICAL HISTORY

HISTORY OBTAINED FROM: FAMILY

MEDICAL HISTORY: PSYCHIATRIC

ENVIRONMENTAL/FOOD ALLERGIES: NONE

MEDICATIONS: NONE STATED ;

HAS THE PATIENT TRAVELED OUTSIDE OF THE COUNTRY IN THE LAST 30 DAYS?: NO

#### VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE	RESP	GLASGOW COMA SCALE				EKG	SPO2	ETCO2	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL					
00:48												0/10
00:55	131 / 80 (97)	59	0	1	1	1	3					
00:56									89%	7		
00:56								ASYSTOLE				
00:57										11		
00:58	NT	0	12	1	1	1	3		44%	9		
00:59									53%			
00:59									41%			
01:04	NT	0	12	1	1	1	3			41		
01:05									53%	11		
01:06	98 / 69 (79)	67	12	1	1	1	3			80		
01:09	111 / 71 (84)	61	12	1	1	1	3			81		
01:11									78%	62		
01:13	176 / 144 (155)	97	12	1	1	1	3			59		
01:14									99%	56		
01:14												0/10

#### PHYSICAL FINDINGS

WEIGHT: 81.6 KG; 180 LBS

**PHYSICAL ASSESSMENT**

HEAD: SYMMETRICAL  
 NECK: NO JVD  
 CHEST: SYMMETRIC WITH BILATERAL CHEST RISE  
 ABDOMEN: SOFT, NON-TENDER  
 PELVIS: STABLE  
 BACK: SYMMETRIC  
 EXTREMITIES: FULLY INTACT, PURPOSEFUL MOVEMENT

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**TREATMENTS**

PTA	TIME	CAREGIVER	PROCEDURE
	24:48:00	DORTCH, 4828, STEVEN,AMR	<b>LEVEL OF CONSCIOUSNESS</b> - RESPONDS TO (AVPU): UNRESPONSIVE
	24:48:00	DORTCH, 4828, STEVEN,AMR	<b>PAIN SCALE</b> - 0 ON A SCALE OF 10; DIFFICULTY/CHALLENGES: ALTERED MENTAL STATUS
	24:48:00	DORTCH, 4828, STEVEN,AMR	<b>PUPILS</b> - LEFT PUPIL SIZE (MM): 6 MM; RIGHT PUPIL SIZE (MM): 6 MM
	24:48:00	DORTCH, 4828, STEVEN,AMR	<b>SKIN ASSESSMENT</b> - CAPILLARY REFILL: <2 SECONDS; PINK COLOR; CLAMMY MOISTURE; WARM TEMPERATURE
	24:52:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - OXYGEN</b> - 15 LPM BVM/SUPRAGLOTTIC AIRWAY; RESULT AFTER: IMPROVED
	24:54:00	DORTCH, 4828, STEVEN,AMR	<b>LUNG SOUNDS</b> - UPPER RIGHT LUNG: ABSENT; UPPER LEFT LUNG: ABSENT; LOWER RIGHT LUNG: ABSENT; LOWER LEFT LUNG: ABSENT
	24:55:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BP: 131/80; PULSE: 59; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 0; RESPIRATORY DEPTH: ABSENT; RESPIRATORY EFFORT: ABSENT; PATIENT POSITION: SEMI-FOWLERS; MEAN ARTERIAL PRESSURE: 97
	24:56:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 89% ON ROOM AIR; COMMENTS: INITIAL RHYTHM (FROM LIFEPAK 'WIRED' MONITOR)
	24:56:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 7; COMMENTS: INITIAL RHYTHM (FROM LIFEPAK 'WIRED' MONITOR)
	24:56:00	DORTCH, 4828, STEVEN,AMR	<b>EKG/ECG</b> - INDICATION: CARDIAC ARREST; TYPE: PATCHES/PADDLES; CLINICIAN INTERPRETATION: ASYSTOLE; EKG TRANSMITTED: YES
	24:56:00	CLOUD,5075, BRETT,AMR	<b>CHEST COMPRESSION</b> - INDICATION: CARDIAC ARREST; TYPE: MANUAL; RESULT AFTER: IMPROVED
	24:57:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 11; COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)
	24:57:00	DORTCH, 4828, STEVEN,AMR	<b>INTRAOSSEOUS</b> - INDICATION: PER PROTOCOL; TYPE: EZ IO; SIZE: 45MM (YELLOW); SITE: HUMERAL HEAD LEFT; SOLUTION: NORMAL SALINE; NUMBER OF BAGS: 1; TOTAL VOLUME: 200; ATTEMPTS: 1; PROCEDURE WAS: SUCCESSFUL; RESULT AFTER: UNCHANGED
	24:58:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 44% ON O2 AT 15LPM; COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)

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PTA	TIME	CAREGIVER	PROCEDURE
	24:58:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 9; COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)
	24:58:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BLOOD PRESSURE NOT TAKEN; PULSE: 0; PULSELESS; PULSE REGULARITY: ABSENT; PULSE STRENGTH: ABSENT; PULSE TAKEN AT: CAROTID; RESPIRATORY RATE: 12; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: ASSISTED; PATIENT POSITION: SUPINE
	24:59:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 53% ON O2 AT 15LPM; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'WIRED' MONITOR)
	24:59:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 41% ON O2 AT 15LPM; COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)
	24:59:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - EPINEPHRINE (1:1,000)1MG/ML AMP (1ML)</b> - 1 MG INTRAOSSEOUS; RESULT AFTER: IMPROVED
	01:01:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - SODIUM BICARB 1 MEQ/ML SYRINGE</b> - 50 MEQ INTRAOSSEOUS; RESULT AFTER: UNCHANGED
	01:03:00	ANN RODGERS	<b>INTUBATION</b> - INDICATION: CARDIAC ARREST; TYPE: ORAL; TUBE SIZE: 8.0MM; BLADE TYPE: CURVED BLADE (MAC); CUFFED: YES; # OF ATTEMPTS: 1; TUBE CONFIRMATION STEPS: AUSCULTATION OF BILATERAL BREATH SOUNDS,CONDENSATION IN TUBE,DIGITAL ETCO2 NUMERIC,ETCO2 WAVEFORM DETECTOR,NEGATIVE EPIGASTRIC SOUNDS,VISUALIZATION OF THE CHEST RISING WITH VENTILATION,VISUALIZATION OF TUBE PASSING THROUGH THE CORDS; CMS AT TEETH: 23; TUBE SECURED VIA: TUBE HOLDER (MECHANICAL); RESULT AFTER: IMPROVED; PROCEDURE WAS: SUCCESSFUL
	01:03:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - EPINEPHRINE (1:1,000)1MG/ML AMP (1ML)</b> - 1 MG INTRAOSSEOUS; RESULT AFTER: IMPROVED
	01:04:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 41; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'WIRED' MONITOR)
	01:04:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: VITAL SIGNS (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BLOOD PRESSURE NOT TAKEN; PULSE: 0; PULSELESS; PULSE REGULARITY: ABSENT; PULSE STRENGTH: ABSENT; PULSE TAKEN AT: CAROTID; RESPIRATORY RATE: 12; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: ASSISTED; PATIENT POSITION: SUPINE
	01:04:00	DORTCH, 4828, STEVEN,AMR	<b>PACING</b> - INDICATION: SYMPTOMATIC BRADYCARDIA; PRE-PACING RHYTHM: SINUS BRADYCARDIA; CAPTURE: YES; MILLIAMPS: 75; PULSE RATE SET AT: 80; RESULT AFTER: IMPROVED
	01:05:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 53% ON O2 AT 15LPM; COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)

PTA	TIME	CAREGIVER	PROCEDURE	CLARK, MARIO
	01:05:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 11; COMMENTS: ALARM APNEA (FROM LIFEPAK 'WIRED' MONITOR)	DOB: 07/02/1987 (31 YEARS) SEX: MALE CASE #: 61260939 DOB: 07/02/1987
	01:06:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 80; COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)	
	01:06:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BP: 98/69; PULSE: 67; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 12; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: ASSISTED; PATIENT POSITION: SUPINE; MEAN ARTERIAL PRESSURE: 79	
	01:07:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - EPINEPHRINE (1:1,000)1MG/ML AMP (1ML)</b> - 1 MG INTRAOSSEOUS; RESULT AFTER: IMPROVED	
	01:09:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 81; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'WIRED' MONITOR)	
	01:09:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BP: 111/71; PULSE: 61; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 12; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: ASSISTED; MEAN ARTERIAL PRESSURE: 84	
	01:09:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - ATROPINE SULFATE 0.1MG/ML PF SYRINGE</b> - 1 MG INTRAOSSEOUS; RESULT AFTER: IMPROVED	
	01:11:00	DORTCH, 4828, STEVEN,AMR	<b>FACILITY ACTIVATION</b> - ACTIVATION TYPE: CARDIAC ARREST ALERT; ACTIVATION METHOD: RADIO	
	01:11:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 78% ON O2 AT 15LPM; COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)	
	01:11:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 62; COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)	
	01:13:00	DORTCH, 4828, STEVEN,AMR	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 59; COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)	
	01:13:00	DORTCH, 4828, STEVEN,AMR	<b>VITAL SIGNS</b> - COMMENTS: NIBP (FROM LIFEPAK 'WIRED' MONITOR)  <b>GLASGOW COMA SCALE</b> - GCS EYES: 1; GCS VERBAL: 1; GCS MOTOR: 1; GCS SCORE: 3; GCS SCORE QUALIFIER: NO QUALIFIER  <b>VITALS</b> - BP: 176/144; PULSE: 97; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 12; RESPIRATORY DEPTH: ABSENT; RESPIRATORY EFFORT: ASSISTED; PATIENT POSITION: SUPINE; MEAN ARTERIAL PRESSURE: 155	
	01:13:00	DORTCH, 4828, STEVEN,AMR	<b>MEDICATION ADMINISTRATION - EPINEPHRINE (1:1,000)1MG/ML AMP (1ML)</b> - 1 MG INTRAOSSEOUS; RESULT AFTER: IMPROVED	
	01:14:00	DORTCH, 4828, STEVEN,AMR	<b>PULSE OXIMETRY</b> - 99% ON O2 AT 15LPM; COMMENTS: VITAL SIGNS (FROM LIFEPAK 'WIRED' MONITOR)	
	01:14:00	DORTCH, 4828,	<b>CAPNOMETRY/CAPNOGRAPHY</b> - CO2 VALUE: 56; COMMENTS: VITAL SIGNS (FROM	

PTA	TIME	CAREGIVER	PROCEDURE	CLARK, MARIO			
		STEVEN,AMR	LIFEPAK "WIRED" MONITOR)	DOB: 07/02/1987 (31 YEARS)			
01:14:00		DORTCH, 4828, STEVEN,AMR	LEVEL OF CONSCIOUSNESS - RESPONDS TO (AVPU): UNRESPONSIVE	SEX: MALE CASE #: 61260939			
01:14:00		DORTCH, 4828, STEVEN,AMR	PAIN SCALE - 0 ON A SCALE OF 10; DIFFICULTY/CHALLENGES: ALTERED MENTAL STATUS	DOS: 02/15/2019			
01:14:00		DORTCH, 4828, STEVEN,AMR	PUPILS - LEFT PUPIL SIZE (MM): 4 MM; RIGHT PUPIL SIZE (MM): 4 MM				
01:14:00		DORTCH, 4828, STEVEN,AMR	SKIN ASSESSMENT - CAPILLARY REFILL: <2 SECONDS; PINK COLOR; CLAMMY MOISTURE; WARM TEMPERATURE				
01:15:00		DORTCH, 4828, STEVEN,AMR	INTUBATION REASSESSMENT - CONFIRMATION STEPS: AUSCULTATION OF BILATERAL BREATH SOUNDS,CONDENSATION IN TUBE,DIGITAL ETCO2 NUMERIC,VISUALIZATION OF THE CHEST RISING WITH VENTILATION,ETCO2 WAVEFORM DETECTOR,NEGATIVE EPIGASTRIC SOUNDS; TUBE IN PLACE: YES				
01:15:00		DORTCH, 4828, STEVEN,AMR	LUNG SOUNDS - UPPER RIGHT LUNG: CLEAR; UPPER LEFT LUNG: CLEAR; LOWER RIGHT LUNG: CLEAR; LOWER LEFT LUNG: CLEAR				
<b>CARDIAC ARREST</b>							
REASON FOR ARREST: RESPIRATORY		FIRST KNOWN RHYTHM: ASYSTOLE					
WITNESSED ARREST: YES		PATIENT FIRST DEFIBRILLATED BY: NONE					
ARREST WITNESSED BY:		MECHANICAL ADJUNCTS USED: NONE					
RESPONDING EMS (TRANSPORTING AGENCY)		PULSE RETURNED: YES					
DISPATCHER CPR INSTRUCTIONS: NO		SUSTAINED ROSC FIRST OCCURRED: AFTER ALS TREATMENT					
WHO FIRST PROVIDED CPR:		PULSE UPON ARRIVAL AT HOSPITAL: YES					
RESPONDING EMS (TRANSPORTING AGENCY)		EVENT RESOLUTION: ONGOING RESUSCITATION IN ED					
AED PRIOR TO EMS ARRIVAL: NO							
<b>RUN COMPLETION</b>							
PATIENT CONDITION UPON EMS ARRIVAL: CRITICAL (RED)							
CONDITION OF PATIENT AT THE END OF EMS CARE: CRITICAL (RED)							
<b><u>OTHER CAREGIVERS</u></b>							
CAREGIVER NAME: ANN RODGERS							
CERTIFICATION: PARAMEDIC							
AGENCY: AMR 418							
ROLE:							
REASON FOR OTHER UNIT/TEAM TRANSPORT:							
ARRIVED ON SCENE: BEFORE AMR							
TIME CARE TRANSFERRED IN FIELD:							
COMMENTS:							
PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED							
<b>DELAY REASONS</b>							
REASON OF RESPONSE DELAY: CAU							

PCR ID: 2019021501281790454

DEVICE: HINDSMEDS094

PRINTED: 8/9/2023 02:24:07

ATTACHMENTS


PCR ID: 2019021501281790454

DEVICE: HINDSMEDS094

PRINTED: 8/9/2023 02:24:07



**SUPPLIES REPORT**

CASE #: 61260939

PT. NAME: MARIO CLARK

DATE: 02/15/2019

Supply Description	Quantity
DISPOSABLE LINEN	1
DISPOSABLE SUPPLIES	1
PULSE OXIMETRY SUPPLIES	1
BLOOD PRESSURE MONITOR	1
OXYGEN	1
END TIDAL CO2 DETECTION SUPPLY	1
EKG MONITOR ELECTRODES SUPPLY	1
IV/IO INF SUP 1 BAG OF FLUID	1
LARYNGOSCOPE BLADE	1
DISP BAG VALVE MASK/ADULT	1
EKG MONITOR	1
ECG AT LEAST 12 LEAD	1
SPINAL IMMOBILIZATION	1
INTUBATION SUPPLIES	1
ATROPINE	1
SODIUM BICARB	1
EPI 1:1,000	4



**AMR CENTRAL MS**  
**PRE-HOSPITAL CARE REPORT SIGNATURES**

CASE #: 61260939

UNIT ID: 422

DATE: 02/15/2019

**AMR CENTRAL MS CREW MEMBERS****CREW 1****NAME:** DORTCH, 4828, STEVEN,AMR**NUMBER:** 1014637**CERTIFICATION:** PARAMEDIC**CREW 2****NAME:** CLOUD,5075, BRETT,AMR**NUMBER:** 1016996**CERTIFICATION:** EMT**OTHER CAREGIVERS****NAME:** ANN RODGERS**AGENCY:** AMR 418**CERTIFICATION:** PARAMEDIC**REASON FOR OTHER CAREGIVER:**

NO SIGNATURE FOUND

PCR ID: 2019021501281790454

DEVICE: HINDSMEDS094

PRINTED: 8/9/2023 02:24:07

## American Medical Response

Run Number: 61260939

Date and Time of Transport: 2/15/2019 01:10:41

Patient Name: MARIO CLARK

Destination: Central MS Medical Center, 1850 Chadwick Dr., Jackson, MS 39204

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits. I acknowledge that I have been provided with a copy of AMR's Notice of Privacy Practices. I expressly authorize AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, to contact me or any responsible party at any telephone number (including numbers assigned to any paging, cellular, or mobile service, or any service which charges for the call) mailing address, e-mail address, or any other electronic address used by, or associated with, me or any responsible party and obtained through any source (including any telephone number I, any responsible party, or any party accompanying me at the time of service, have provided previously or may provide in the future) for the purpose of resolving any unpaid balances or any other pertinent issues regarding this account. I expressly agree any such contact by AMR, its related corporate entities, associates, agents, servicers, debt collectors and independent contractors, may be through any means (including a dialer, automatic telephone dialing system, predictive dialer, interactive voice recognition system, pre-recorded or artificial voice, pre-set email messages, or any pre-set electronic messages delivered by any other electronic messaging or text messaging system). Patient or Guarantor agrees and acknowledges any e-mail address or any other electronic address Patient or Guarantor provides to AMR is Patient's or Guarantor's private address, is not owned or furnished by their employer and cannot be accessed by unauthorized third parties. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me.

Signature of Patient

Date

### REPRESENTATIVE SIGNATURE

Reason Patient could not Sign :

Signature of Representative

Printed Name of Representative

Date

### FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign: Cardiac Arrest

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature

2/15/2019

Crew Date

This section is to be complete by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" Section above.

Name and Location of Facility Central MS Medical Center, 1850 Chadwick Dr.

The above named patient, as described by AMR, was received by our facility, which provided care or assistance to the patient, on the date and time set forth above.

Signature of Receiving Representative

2/15/2019

Date

NEIL KNIGHT

Registered Nurse

Printed Name of Receiving Facility Representative

Title

**AMR is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.**

CREW SAFETY MEASURES

Crew	Safety Measures
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CHECKPOINT AUDIT TRAIL

SITE: JACKSON

PCR ID: 2019021501281790454

DATE ENTERED CHECKPOINT		CASE NUMBER	DOS	TOTAL AGE(HRS)	IS TRIP IN CHECKPOINT

QUEUE NAME	TIMER ENTERED QUEUE	TIME SUBMITTED	HOURS PRESENT	SUBMITTED/MOVED BY	SUBMITTED METHOD

FIELD NAME	OLD VALUE	NEW VALUE	TIME MODIFIED	MODIFIED BY